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FACSIMILE TRANSMISSION

August 19, 2004

OFFICIAL

TO: U.S. PATENT AND TRADEMARK OFFICE

ATTN: **EXAMINER LILIAN VO**
SERIAL NUMBER 09/838,166
Group Art Unit 2127

FAX NO.: (703) 872-9306

TELEPHONE: (703) 305-7864

FROM: Deidre M. Davis

RE: **AMENDMENT AND PETITION FOR ONE-MONTH EXTENSION OF TIME**

SERIAL NUMBER 09/838,166

OUR DOCKET: 1095.1184

NO. OF PAGES (Including this Cover Sheet) 11

PRIVILEGED & CONFIDENTIAL

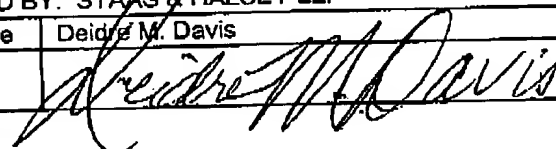
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COMMENTS:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450
on 8-19, 2004
By: Deidre Adams
Date: 8/19/04

S&H Form: (10/03)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	1095.1184		
		Application Number	09/838,166		
		Filing Date	April 20, 2001		
		First Named Inventor	Katsumi ICHINOSE et al.		
		Group Art Unit	2127		
AMOUNT ENCLOSED	\$0.00	Examiner Name	Lilian VO		
FEE CALCULATION (fees effective 10/01/03)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	6	20 =	0	X \$ 18.00 =	\$ 0.00
INDEPENDENT CLAIMS	5	4 =	1	X \$ 86.00 =	86.00
Since an Official Action set an original due date of July 19, 2004, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$110); 2 months (\$420); 3 months (\$950); 4 months (\$1,480); 5 months (\$2,010)):					110.00
If Notice of Appeal is enclosed, add (\$330.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$110.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 196.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					\$ 196.00
TOTAL FEES DUE =					
(1) If entry (1) is less than entry (2), entry (3) is "0".					
(2) If entry (2) is less than 20, change entry (2) to "20".					
(4) If entry (4) is less than entry (5), entry (6) is "0".					
(5) If entry (5) is less than 3, change entry (5) to "3".					
METHOD OF PAYMENT					
<input type="checkbox"/> Check enclosed as payment.					
<input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below.					
<input type="checkbox"/> No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).					
GENERAL AUTHORIZATION					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:					
Deposit Account No.		19-3935			
Deposit Account Name		STAAS & HALSEY LLP			
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	Deidre M. Davis		Reg. No.	52,797	
Signature			Date	August 19, 2004	

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